Care New England
Medical Group

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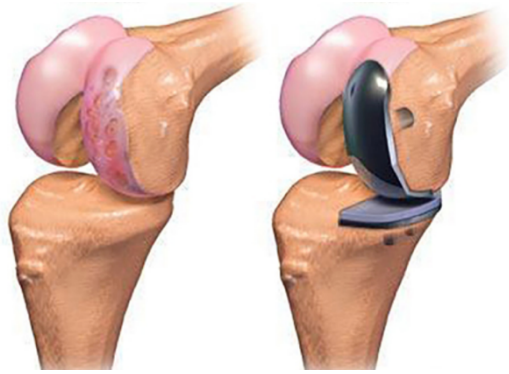
Patient Education Guide
Partial Knee Replacement

WHAT IS ARTHRITIS?

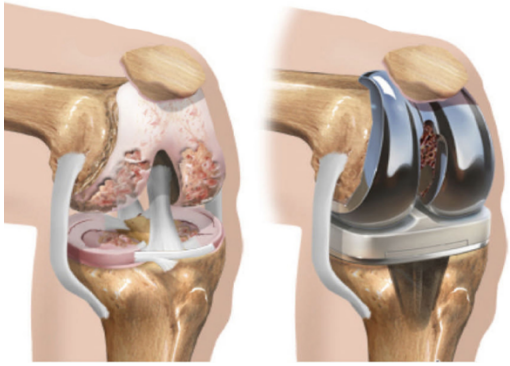
Arthritis is the term used for thinned out and missing cartilage. Cartilage is the smooth surface that lines the ends of your bones. It can wear out from an injury or overuse. The loss of the smooth surface is what leads to the pain, swelling, popping, clicking and catching that is associated with arthritis.

WHAT IS A PARTIAL KNEE REPLACEMENT?

The knee is split up into three different areas, medial (inside), lateral (outside), and patellofemoral (under the kneecap). In some patients the arthritis or loss of cartilage may only affect one of the areas. These patients might be candidates for a partial knee replacement. In a partial knee replacement, only the part of the knee that is diseased is replaced. The rest of the knee is left alone. This can lead to a more normal and natural feeling knee after surgery and a easier and faster recovery.



A knee replacement involves resurfacing the ends of the bones in your knee and implanting metal and plastic to recreate the smooth surface. With the help of the MAKO robot, Dr. Mathur will make cuts precisely where they need to be to optimize the placement of the implants and your postoperative recovery. The robot is a tool to help make the surgery more accurate and efficient, but Dr. Mathur still performs the surgery.



The final decision about doing a partial or total knee replacement will be made during the surgery when Dr. Mathur can see the entire knee. If there are signs of arthritis or disease in the other parts of the knee, he will do the total knee replacement. If the arthritis is only in the one area, he will do the partial knee replacement.

The implants will either be fixed to the bone with cement or will use cementless technology to allow the bone to grow into the metal. The implants are made of titanium, cobalt chromium and a highly crosslinked polyethylene bearing surface. This will be discussed with you at your preoperative appointment.

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WHAT SHOULD I EXPECT?

BEFORE SURGERY

- Our office will contact you to book your surgical date, preop appointment, preop CT scan, joint replacement class, and first post op appointment.
- You will receive a call from preadmission testing. They will set up your preop labs and go through which medications to take and bring.
- The hospital will call between 1-5pm the day before your surgery to give you an arrival time and tell you if your surgery will be in the main building or in the ambulatory surgery pavilion (ASP).
- You may need medical clearance from your primary care doctor or cardiologist.
- Do not eat or drink anything after midnight the night before your surgery. You may take some sips of water with medicine.

MORNING OF SURGERY

- Arrive at the hospital at your instructed time.
- A family member or friend is allowed to come with you to help with the check in process and there is an area for them to wait while you are in surgery. You will require someone to take you home if you are leaving the same day of surgery.
- Dr. Mathur will meet you in the preoperative area to answer any questions and go through the plan.
- You will meet the surgical assistants and nurses that will be in the operating room.
- You will meet the anesthesia team, and they will go over their plan which often includes a nerve block to help with pain after surgery.

AFTER SURGERY

- Most patients will go home the same day of surgery or spend 1-2 nights in the hospital.
- For the first few hours after surgery, you will be in the recovery unit where a nurse and the anesthesia team will monitor you and manage your postoperative pain.
- Once you are awake and comfortable you will be allowed to go home with a family member or friend.
- Keep your bandages clean and dry. This may require using plastic wrap or taking sponge baths.
- It is ok to change the bandage if it becomes dirty. Otherwise leave it on until your postoperative appointment.
- Stay on a constant pain medicine regimen. The effects of the nerve block wear off 12-24 hours after surgery, and it is important to stay ahead of the pain.
- Work on range of motion of your knee. Full bend and full straight.
- You are allowed and encouraged to put all of your weight through the leg.

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FOLLOW UP AND PHYSICAL THERAPY

- Your first follow up appointment is usually 3-14 days after surgery.
- At this visit we will check your incision and get x-rays of your knee.
- You will begin physical therapy immediately after surgery. They will either come to your house or you will go to an outpatient location.
- We will book your next postoperative appointment which is usually 4-6 weeks later.